

Pictured Rocks National Lakeshore PO Box 40 Munising, MI 49862 906-387-3700

BACKCOUNTRY CAMPING PERMIT APPLICATION

					APP	LICAN	NT INF	ORMATI	ON						
When appi	roved by	NPS p	ark off	icial, thi	s single-visit	t perr	nit aut	horizes:							
Last Name	:	First Name													
Street Address															
City						S	tate		Zip (Code		Country			
Day Phone					Evening Pl					Fax					
Email Address															
No. of People Per Trip Is this an organized or									or guide	ed trip?	☐ Yes ☐ No)			
Group/org	anizatior	name	<u> </u>		Commercial Use A				Jse Aut	uthorization (CUA) Permit #					
METHOD OF TRAVEL															
☐ Foot/Backpacking ☐ Snov										, ,					
☐ Canoe	Quantit	ty			Kayak Q	uanti	ty		☐ Mo	otorboa	t Quan	tity			
EQUIPMENT															
Tent or Shelter Quantity Notes: Maximum of 2 tents per site (excluding group sites).															
Light (Including hammock) THammock = 1 tents & nammocks must be kept within 1															
	feet of campsite post. Most sites will not accommodate hammocks.														
						l1	TINER/	ARY							
Start Date					End Date										
Entry Location				Exit Location											
Length of S	Stay						•								
								ampground Name –			Campground Name –				
	Dat	C	1 st Choice				2 nd Choice			e		3 rd Choice			
Night 1 -															
Night 2 -															
Night 3 -															
Night 4 -															
Night 5 -															
Night 6 -															
Night 7 -															
Night 8 -															
Additional	Choices:	If all o	choices	s above	are unavaila	able, 1	the ba	ckcounti	ry offic	e will re	etry using o	options selec	ted below:		
☐ Similar/	Reverse	Reverse Itinerary				Flex	Flexible Itinerary?								
Alternate Start Dates Earliest Start Date										Latest Start Date					
Length of Stay (# of nights)					Entry Location					Exi	Exit Location				

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Paperwork Reduction Act Statement: A Federal Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. This information is being collected to allow the park manager to make a valued judgment on whether or not to allow the requested use. All the applicable parts of this form must be completed. Public Reporting burden for this form is estimated to average 1 minutes per response, including the time it takes for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Comments regarding this burden estimate or any aspect of this form should be sent to the Information Collection Clearance Officer, National Park Service, 12201 Surnise Valley Dr. (MS-242), Reston, VA 20192.

 NPS Form 10-404A
 OMB No. 1024-0022

 (Rev. 02/10/2016)
 Expires: Pending

The \$15 reservation fee must accompany the reservation request (non-refundable). Reservations must be postmarked or faxed at least 30 days prior to start of trip. Payment, in US funds, may be made by check, money order or credit card. Denied requests will not incur a charge. Changes to your reservation will result in an additional \$15 fee.

The reservation fee does not apply towards the permit fee of \$5 per person per night, which must be paid when you pick up your permit (non-refundable).

				ME	THOD OF	ΡΔΥΜΕΝ	т									
☐ Check (pa	vahle to N	ational Park Ser	vice)		Money Or			terCar	.d П	Visa		Disco	over			
Name on Card	-	acional i ark sei	vicej	. — .	violicy Oi	uci		iter car	<u>ч</u>	VISU		Disco	JVCI			
Billing Address																
City	,				State		Zip C	ode		Cor	ıntry					
Billing Phone I	Number						1 - 1					Country				
CVC Code # (3			Credit Card Number Expiration Date													
Total Amount					Signatu											
Total Amount					Jigilatt	116										
				ſ	MISCELLA	NEOUS										
Remarks	emarks															
Special Instruc	ctions															
Visitor's Signa									Date							
Issuing Officer	's Signatu	re							Date							
Please be patie unable to proce	nt. You wi ess your re tter. If you	orm to Backcoul Il receive a confi quest we will co I have questions Received	rmation ontact you	n notio ou to cerns,	ce by mai discuss al call the b	l as soon ternate d packcoun	ptions. try offic	Please e at 90	e allow 30	0 days 1 700.						
To be filled out	when per	mit is picked up	:													
	<u> </u>	<u> </u>	Em		ncy Conta											
				rip Itir	nerary Poi	oint-of-Contact					-: /-					
-	☐ Family			Name				Phone Number			City/State					
☐ Friend										<u> </u>						
		Vehicle		M	ETHOD O	FIKAVÉL			Vehic	·lo						
State											te#					
State Make		Plate # Model				State Make				del						
Color				Voc -	7 No							Voc 「	¬ No			
	on	Rental?	<u> </u>	Yes [חווח	Color	Locatio	n	Ker	ıtal?		Yes [140			
Parking Locati	on					Parking	Locatio	rı								
Date		Received by _			F	Payment			_ 🗌 Cash		heck	☐ Cr	edit Card			

NPS Form 10-404A OMB No. 1024-0022 (Rev. 02/10/2016)